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CONFIRMATION NO. 7164

SERIAL NUMBER 10/825,092	FILING DATE 04/15/2004 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. END-5313
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input checked="" type="checkbox"/> Allowance Examiner's Signature <input checked="" type="checkbox"/> Initials	STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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TITLE
 Ultrasound medical treatment system and method

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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